Revision:	HCFA-PM-91- 4	(BPD)

AUGUST 1991

OMB No.: 0938-

State: TENNESSEE

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-2
Supersedes Approval Date 2-20-92
Effective Date 1/1/92
TN No. 75-10

HCFA ID: 7982E